

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036768

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 170

Primary Registration District No. —

Registrar's No. 174

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Phillipsburg Twp.</u>		c. CITY OR TOWN <u>Phillipsburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 1 Phillipsburg Mo</u>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>	
Length of stay in lb <u>1 year</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Sarah Jane Long</u>			4. DATE OF DEATH Month Day Year <u>October 1 1963</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-28-1877</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		
11. BIRTHPLACE (City and state or country) <u>Laclede County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		
13a. FATHER'S NAME <u>Samuel Kelly Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Cindy Caffey</u>		
14. NAME OF HUSBAND OR WIFE <u>Preston M. Long (deceased)</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>—</u>			17. INFORMANT Address <u>Hershel Long Route 1 Phillipsburg Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Epidermoid Carcinoma</u> DUE TO (b) <u>Squamous Cell Grade I</u> DUE TO (c) <u>Right Lobe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 May 63</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Metastasis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <u>29 Oct 1962</u> to <u>1 Oct 63</u> and last saw her alive on <u>30 Sept 63</u> Death occurred at <u>2:35 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Paul A. Jenkins MD</u>	(Degree or title)	22b. ADDRESS <u>Shannon Mo</u>	22c. DATE SIGNED <u>2 Oct 63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 3. 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lonesome Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Laclede County Mo.</u>
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24. FUNERAL DIRECTOR <u>Charles F. Tyler</u>	ADDRESS <u>Palmer Funeral Home Lebanon Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-3-1963</u>	26. REGISTRAR'S SIGNATURE <u>Wella L. May</u>
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Palmer Funeral Home Lebanon Mo. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Seaborn Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Emick sealed 10-3-1963 H.C.H.